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Bib Data Sheet

CONFIRMATION NO. 8724

<b>SERIAL NUMBER</b> 09/829,425	<b>FILING OR 371(c) DATE</b> 04/10/2001 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> EVRON=2A
<b>APPLICANTS</b> Rami Evron, Tel Aviv, ISRAEL; Ran Carmeli, Magshimim, ISRAEL; Moshe Kleiman, Rehovot, ISRAEL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/240,956 10/18/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/01/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 12
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> BROWDY AND NEIMARK, P.L.L.C. 624 Ninth Street, N.W. Washington ,DC 20001				
<b>TITLE</b> METHOD FOR PROCESSING IMAGES OF CORONARY ARTERIES				
<b>FILING FEE RECEIVED</b> 833	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 8724

<b>SERIAL NUMBER</b> 09/829,425	<b>FILING DATE</b> 04/10/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> EVRON=2A
<b>APPLICANTS</b> Rami Evron, Tel Aviv, ISRAEL; Ran Carmeli, Magshimim, ISRAEL; Moshe Kleiman, Rehovot, ISRAEL;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/240,956 10/18/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> 06/01/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: [Initials]	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 1 <b>TOTAL CLAIMS</b> 12/21 <b>INDEPENDENT CLAIMS</b> 2/5
<b>ADDRESS</b> BROWDY AND NEIMARK, P.L.L.C. 624 Ninth Street, N.W. Washington, DC 20001				
<b>TITLE</b> Method for processing images of coronary arteries				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	